

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90217 015 ***150.00

DOCUMENT # P03000152080

1. Entity Name
FJL ENTERPRISES, INC.



Principal Place of Business
521 W. FT. ISLAND TRAIL
SUITE 3
CITRUS, FL 34429

Mailing Address
521 W. FT. ISLAND TRAIL
SUITE 3
CITRUS, FL 34429



2. Principal Place of Business

521 W Ft Island Trail

Suite, Apt. #, etc.

Suite E

City & State

Crystal River FL

Zip

34429

Country

US

3. Mailing Address

521 W Ft Island Trail

Suite, Apt. #, etc.

Suite E

City & State

Crystal River FL

Zip

34429

Country

US

04202004

Chg-P

CR2E034 (10/03)

4. FEI Number

20-0495498

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZIMMERMANN, SANDRA
521 W. FT. ISLAND TRAIL
SUITE 3
CITRUS, FL 34429

7. Name and Address of New Registered Agent

Name

Sandra Zimmermann

Street Address (P.O. Box Number is Not Acceptable)

521 W Ft Island Trail

Suite E

City

Crystal River

FL

Zip Code

34429

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Sandra Zimmermann Controller Sandra Zimmermann Controller 4/19/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SACK, DOMINECO A
STREET ADDRESS 521 W. FT. ISLAND TRAIL
CITY-ST-ZIP CITRUS, FL 34429 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Pres
NAME Nick Sack
STREET ADDRESS 521 W Ft Island Trail Suite E
CITY-ST-ZIP Crystal River, FL 34429 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Nick Sack Nick Sack

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04

Date

352-564-8881

Daytime Phone #